

C. CERTIFICATION

SS NUMBER

0389682440

I certify that the information provided in this form are true and correct.

FLORA TARCILA EVASCO APELO

PRINTED NAME

Flora Tarcila Evasco Apelo

SIGNATURE

DATE

If member cannot sign, affix fingerprints (please see Instruction no. 5).

Below are the witnesses to fingerprinting:

1) _____
 PRINTED NAME SIGNATURE DATE
 ADDRESS & CONTACT NUMBER _____

2) _____
 PRINTED NAME SIGNATURE DATE
 ADDRESS & CONTACT NUMBER _____

RIGHT THUMB

RIGHT INDEX

PART II - TO BE FILLED OUT BY SSS

For Change of Membership Type to Self-Employed

Business Code _____
 Approved MSC _____
 Start of Payment _____
 Monthly SS Contribution (P) _____

For Change of Membership Type to Non-Working Spouse

Working Spouse's MSC _____
 Approved MSC of NWS _____
 Start of Payment _____
 Monthly SS Contribution (P) _____

RECEIVED BY

SIGNATURE OVER PRINTED NAME

DATE & TIME

BRANCH

PROCESSED BY

ENCODED BY

SIGNATURE OVER PRINTED NAME

DATE & TIME

SIGNATURE OVER PRINTED NAME

DATE & TIME

REVIEWED BY

APPROVED BY

SIGNATURE OVER PRINTED NAME

DATE & TIME

SIGNATURE OVER PRINTED NAME

DATE & TIME

INSTRUCTIONS

- Fill out this form in two (2) copies and submit to the nearest SSS branch office together with the required documents. Refer to the attached "List of Documentary Requirements for Member Data Change Request".
- Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
- Present original copy and submit photocopy/ies of the following identification (ID) card/s in filing this form:
 - Filed by member
 - Social Security (SS) card or Unified Multi-Purpose ID (UMID) card or two (2) ID cards both with signature and one (1) with photo
 - Filed by employer or company representative or household employer
 - SS card or UMID card or two (2) ID cards of the member, both with signature and one (1) with photo; and
 - Additional ID card/s per type of filer
 - Company ID of the employer-filer, with signature and photo, if filed by employer
 - Specimen Signature Card (SS Form L-501) of the company representative, if filed by company representative
 - Two (2) ID cards of the household employer-filer, both with signature and one (1) with photo, if filed by household employer
- If member is requesting for updating of contact information (address, telephone number, e-mail address and mobile/cellphone number), indicate already under Part I-A of the form the new contact information.
- If member cannot sign, witnesses to fingerprinting shall be as follows:
 - Filed by member
 - SSS receiving personnel who shall affix his/her signature on the portion provided for in Part I-C.
 - Filed by employer or company representative or household employer
 - Two (2) witnesses. Both should affix their signatures and indicate their addresses and contact numbers on the portions provided